SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMAN SAXFIED BOUNTY, WIECONSIN ON Stamp (Received) 7016 Sillenco

JUN 28 2016

Bayfield Co. Zonling Depth

Date: Permit #: Refund: Amount Paid: 16.0196 # 3 アニー

\$117

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Owner(s): [] May [] (If there are Multiple Own	am (are) responsible for the dimay be a result of Bayfield Co		***	Rec'd for Issuande		Wiunicipal Use				Commercial Use			A Kesidential Use	Paridontial III		Proposed Use	i - operation	Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:		70		54,000	A	T	*include donated time &	Value at Time of Completion	☐ Non-Shoreland	7	Shoreland Co	1	Section 16	1/1. SW	PROJECT LOCATION	-	Authorized Agent: (Person Signing Application on behalf of Owner(s))	· ·	Address of Property:	Mastopher .	Owner's Name:	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT BEOLIFICTED—B TO JAND LISE CANITADY
wners listed on the	FAILUITED FAILUI			1	Acces	Acces	☐ Addit		Bunk						☐ Resid			permit being appli		Property	Run a Business on	Relocate (existing bldg)	☐ Addition/Alteration	New Construction	Project			s Property/Land v	is Property/Land veck or Landward s		, Township 48	1/4	Legal Description: (manakan da karanda da k	Signing Application on	>	7	C. Exhal		N UNTIL ALL PERMIT
Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES In a permitted by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which have a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described progerty at any reasonable time for the purpose of inspection.	Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	Accessory Building Addition/Alteration	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or	with Attached Garage	with (2 nd) Deck	with a Deck	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Prop Principal Structure (first structure		ed for is relevant to it)				Basement	[7	n 🗆 1-Story	and/or basement	# of Charine		□ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Lls Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —>		N, Range S W	Gov't Lot Lot(s)	tatement)			ck	> 0	1	NIAC -	ERMITS HAVE BEEN ISSUED TO AP
n <u>or</u> letter(s) of authori	STARTING CONSTRUCTION examined by me (us) and to a diding and that it will be relied to a polication or with this application.	muzisic	7			(V) Pole Burn	fy)	date)	or □ sleeping quarters, <u>or</u>	Garage					ng shack, etc.)	Proposed Structure		Length: 57					-	□ Seasonal	nt Use			1	Stream (Incl. Intermittent) If yescontinue>		V Town of:	CSM Vol & Page	0 S		Agent Phone:	Contractor Phone:	City/State/Zip:	The state of the s	Address:	
zation must accomp	N WITHOUT A PERMI the best of my (our) know I upon by Bayfield Coun I. I (we) consent to coun	7			fy)	5	a de de la companya d	1								lure /)					□ None	3		_ 1	of bedrooms	#		Distance Stru	Distance Structure		1/2	e Lot(s) No.	300		Agent Mailing Ad	Plumber:	3	bosed by	CONDITION	
any this application)	T WILL RESULT IN PENA Medge and belief it is true, ty in determining whether ty officials charged with a								cooking & food prep facilities)		d source/y/Abdobby/defaults/de de fault						e at a seed of a see	Width: 46'	□ None	☐ Compost Toilet	☐ Portable (w/s	A Sanitary (Exis	(New) Sanitary	1 1	Sewei Is o			Distance Structure is from Shoreline : fee	cture is from Shoreline :			Block(s) No.	7000		Agent Mailing Address (include City/State/Zip);		7	Washburn U	Zip]
Date	LTIES correct and complete. I correct and complete. I to issue a permit. I (we) iministering county ordin	1	~ ×	×	×	55x 01)	(x	~ ×	×	×	×	×××	××	(X	×	Dimensions		LI		et	Portable (w/service contract)	A Sanitary (Exists) Specify Type: real results of Privy (Pit) or Vaulted (min 200 gallon)	ry Specify Type:	1 1:	Sewer/Sanitary System Is on the property?	What Type of			<u> </u> *		Lot Size	Subdivision:	Volume		ite/Zip):			1:5489	1. USE 5.U.A.	
-25-/6	we) acknowledge that I (we) further accept liability which ances to have access to the	4) 2/60			,	9) 2/60))								15 Footage		Height: 20°2			- 200 Banon)	200 gallon)	□ Well	☐ City	n Water			Yes Yes	in Are		Acreage		Volume Page(s)	Attached Yes No	Written Authorization	Plumber Phone:	223-5826		Telephone:	

Address to send permit

73450

Andrus

Rs.

Washburn Wi.

12355

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

	, m	Hold For Fees:	Hold For Affidavit		Hold For Sanitary:
	Date of Approval				Signature of Inspector:
		- Smarking.	A SEL	40 00 01	を七十万へ
Z Z	+37.45 %	ACT OFFICE AS	, <u>Ş</u>	大空客	- ·参· · · · · · · · · · · · · · · · · ·
gues.			8	Attach	Commit
n Z	Lakes Classification () Date of Re-Inspection:			Inspected by:	entrol ^{es} mateur mateu mateur ma mateur ma mateur mateur ma mateur ma mateur ma mateur m mateu m mateur m mateu m mateu
327	Zoning District				
N N N	□Yes	Were Property Lines Represented by Owner Was Property Surveyed		Nes □ No	Was Parcel Legally Created ed Building Site Delineated
	- T	Previouslý Granted by Variance (B.O.A.) ☐ Yes ☐ No Case	(Granted by Variance (B.O.A.) Ves No. Case #:
□Yes ¼No □Yes ∏No	Affidavit Required		DAG NO	(Deed of Record) (Fused/Contiguous Lot(s))	Is Parcel a Sub-Standard Lot La Yes (Is Parcel in Common Ownership Is Structure Non-Conforming Yes
		<u> </u>		Permit Date:	7
			Denial:	Reason for Denial:	Permit Denied (Date):
24/02	2	389480 # of bedrooms:	umber: 380	Only) Sanitary Number.	Issuance Information (County Use Only)
	not begun. rm Dwelling Code.	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Iocal Town, Village, City, State or Federal agencies may also require permits.	(1) Year from the welling: ALL M	d Use Permits Expire One New One & Two Family D The local Town, Village, (
ist be visible from re, or must be	setback must be measured must be proposed site of the structure. k (HT), Privy (P), and W	prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	rty (30) feet from the epartment by use of	han ten (10) feet but less than thi eyed comer, or verifiable by the Develoration (5) of New (other previously surveyed corner or marked by a licensed supplor to the placement or construction of a structure more to sone previously surveyed corner to the other previously surveyed at the owner's expense. [9] Stake or Mark Proposit
previously surveyed carner to the	e from one	xundary line from which the setback must be measured must be visib	Feet uired setback, the bo	ten (10) feet of the minimum requ	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum req
Feet	300	Setback to Well	Feet Feet	30	Setback to Septic Tank or Holding Tank Setback to Drain Field
Feet		Elevation of Floodplain	Feet	300	Setback from the East Lot Line
Feet	□Yes	Setback from Wetland 20% Slope Area on property	Feet Feet	729	Setback from the South Lot Line Setback from the West Lot Line
Feet	arrivers and the second	Setback from the Bank or Bluff	Feet		Setback from the North Lot Line
Feet	aS) (Sa	Setback from the River, Stream, Creek	Feet	14 6520	Setback from the Established Right-of-Way
Foot	200	Cathook from the Lake Jardinan, high water			
Measurement	Mea	Description	ment	Measurement	
& Zoning Dept	proved by the Planning & Zoning Dept.	Changes in plans must be approve		to continuing) the closest point)	Please complete (1) - (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)
			977	The second control of	
	'or (*)	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	tion lan lan Frontage Road (Name Front res on your Property ptic Tank (ST); (*) Drain Field (*) Stream/Creek; or (*) Pond) Slopes over 20%	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (All Existing Structures on your Propei (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
		pplying for)	what you are a	Property (regardless of	ow: <u>Draw or Sketch your Property</u> (regardless of what you are applying for)



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SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Directived JUL 07 2016 Bayfield Co. Zoning Dept.

Bayled Co. Loung pape	JUL 07 2016	BAKFIELD GOLD III, MIRCONNIN	APPLICATION FOR PERMIT
		Zimani .	
Refund:	Amount Paid:	Date:	Permit #:
	\$78	7-13-16	16-020

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSI

Value at Time	X Non-Shoreland	□ Shoreland —▶] - -	oection (25	SE 1/4, /		PROJECT		Authorized Agent: (Pers	Se	Contractor:	77545 Church	Address of Property:		Owner's Name:	TYPE OF PERMIT REQUESTED—►	
		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescon\inue	☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	1 1	28 49 49 5	₩ <u>E</u> 1/4 Gov't Lot /5؏	Legal Description: (Use Tax Statement)			Authorized Agent: (Person Signing Application on behalf of Owner(s))			TORK COMP KORR			2	DUESTED—► LAND USE SANITARY	
		te, Pond or Flowage If yescontinue	r, Stream (ind. Intermittent) If yes—continue —>	4	Town of: j	Lot(s) CSM Vol & Page 152 452 6 0 187	34-2-050 ·30	PIN : (23 digits)		Agent Phone:	1	Contractor Phone:	Washbum.	City/State/Zip:	11545 Chief	Mailing Address:	□ PRIVY	4 C
		Distance Structure is from Shoreline :	Distance Structure is from Shoreline:	washbum	10	Lot(s) No. Block(s) No.	050-2-49-05-28-72 1	13 0000 - 000 - 40 A		Agent Mailing Address (include City/State/Zip):	j	Plumber:	WI S4881			City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE	
		¥	ne : Is Property in feet Floodplain Zone?		Lot Size	Subdivision:	Volume 705	Recorded Document: (i.	_ at			Pl	ىد	о (° (° (° (° (° (° (° (° (° (° (° (° (°	<u> </u>	Te	LUSE 🗆 B.O.A.	
		∑ Yes X No	y in Are Wetlands one? Present?	14.27	Acreage		Page(s) 15	Document: (i.e. Property Ownership	□ Yes ¥ No	Written Authorization	1	Plumber Phone:	209-0158	Cell Phone: 7/5-	3170-218	Telephone: 7/5	☐ OTHER	

Proposed Construction:	Existing Structure				į	\$00,00	<i>٠</i>		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to it)		Property	□ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	New Construction	Project
	ir is relevant to it)		☐ Foundation	□ No Basement	Basement	☐ 2-Story	☐ 1-Story + Loft 💢 Year Round	X 1-Story	# of Stories and/or basement
Length:	Length:						X Year Round	Seasonal	Use
SU,				X None	ij	□ 3	□ 2	1	# of bedrooms
Width:	Width:	X None	☐ Compost Toilet	□ Portable	Privy (P	X Sanitary	□ (New) S	☐ Municipal/City	
121			t Toilet	☐ Portable (w/service contract)	Privy (Pit) or Vaulted (min 200 gallon)	X Sanitary (Exists) Specify	(New) Sanitary Specify Type:	al/City	What Type of Sewer/Sanitary Syste Is on the property?
Height:	Height:			ct)	d (min 200 gallon)	ify Type: Coly	ype:		pe of ry System operty?
101							X Well	□ City	Water

Proposed Use	、	Proposed Structure	Dimensions	Square
		Principal Structure (first structure on property)	×	
		Residence (i.e. cabin, hunting shack, etc.)	×	
		with Loft	~ ×	
★ Residential Use		with a Porch	×	
		with (2 nd) Porch	~ ×	
		with a Deck	×	
		with (2 nd) Deck	(x)	
Commercial Use		with Attached Garage	(x)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Wobile Home (manufactured date)	(x)	
		Addition/Alteration (specify)	(x)	
Municipal Use	X	Accessory Building (specify) word shed	(B/X/B)	38E
-		Accessory Building Addition/Alteration (specify)	(×)	
		Special Use: (explain)	(x)	
		Conditional Use: (explain)	(x)	
		Other: (explain)	×	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable that it is provided in ordinances.

Authorized Agent:

Address to send permit

Owner(s): (If there are Multiple O

listed on the Deed All Owners

ter(s) of authorization must accompany this application)

(If you are signing on behalf 7754577545 (s) a letter of authorization must accompany this application)

Loj SHRI Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Date

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Hold For Sanitary:	Signature of Inspector:			Condition(s):Town, Committee or Board Conditions Attached?	Inspection Record:	Was Proposed E	Granted by Variance (B.O.A.) Yes / No	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #: // <i>6</i>	Issuance Information (County Use Only) Permit Denied (Date):	(9)	ther previously surveyed the placement or the placement or the placement or the previously surveyed anarked by a licensed surveyed surveyed by a licensed surveyed by a licensed survey	Setback to Drain Field /50 Feet Setback to Privy (Portable, Composting) Feet	Setback to Septi	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way		Please compl	Please compl		(1) (2) (3) (4) (5) (6) (7)
	ector:	1004		n:		Was Parcel Legally Created Was Proposed Building Site Delineated		1s Parcel a Sub-Standard Lot Parcel in Common Ownership Is Structure Non-Conforming	16-0200	mation (Cou	Stake or Mar NOTK For The Const	ed corner or marked by a is or construction of a struction of corner to the other previous	Field (Portable, Com	c Tank or Holdir	e West Lot Line e East Lot Line	e North Lot Line	e Centerline of I e Established Ri	Description	ete (1) – (7) ab Setbacks: (m	ete (1) (7) ab		Show Location of: Show / Indicate: Show Location of (*): Show: Show: Show: Show any (*): Show any (*):
Hold For TBA:	. Control of the second of the			Board Conditions	22	Yes	ase #:	Yes (Deed of Pres (Fused/C		nty Use Only)	k Proposed Loc Æ: All Land Use uction Of New O The lo	y a licensed surveyor a ucture within ten tudy ucture more than ten tucture more than ten exerciously surveyed corexiously surveyed corexpense.	oosting)	le Tank	i		Platted Road ght-of-Way		complete (1) – (7) above (prior to continuing)(8) Setbacks: (measured to the closest point)	ove (prior to cor		of (*):
		A Comment of Comment	A Second			□ No		(Deed of Record) (Fused/Contiguous Lot(s))	Permit Date:	Sanitary Number: Reason for Denial	ation(s) of New Permits Expire Or ne & Two Family cal Town, Village	the owner's expense. 10) feet but less than 1 ner, or verifiable by the	150	/ET)	530	750	530	Measu	itinuing) closest point)	rtinuing)	and the second s	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fronta All Existing Structures on y (*) Well (W); (*) Septic Tan (*) Lake; (*) River; (*) Strea (*) Wetlands; or (*) Slopes
Hold For Affidavit:			Z	No.				300 G	ate: 7-13-1	Sanitary Number: Reason for Denial:	/ Construction, Street (1) Year from to Dwelling: ALL IV, City, State or Fe	Equired setback, the or thirty (30) feet from the 2 Department by use o	O Feet Feet	Feet	7 Feet		O Feet	Measurement			Propriessor and the second sec	ion an Frontage Roac Frontage Roac s on your Prop stic Tank (ST); (* Stream/Cre); (* Slopes over 20'
it:				(If No they need to be a		Were Property	Previously Granted by Variance ☐ Yes ☑ No	Mitigation Required Mitigation Attached	6		he Date of Issuan unicipalities Are F	oundary line from which a corrected compass f		Setback to Well	20% Slope Are	Sothock from	Setback from Setback from Setback from					Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Fees:			(be attached.)		Were Property Lines Represented by Owner Was Property Surveyed	d by Variance (B.	□ Yes		# of bedrooms:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the set one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the marked by a licensed surveyor at the owner's expense.			20% Slope Area on property Elevation of Floodplain	Wetland	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be appro		- Principles Control	olding 1
						2.00	(B.O.A.) Case #:	NIO AI		X	Holding Tank (or Use has not ce The Uniform mits.	leasured must be vi of from which the se thin 500 feet of the				,	ry high-water n, Creek	n	must be applic		er per en al de la companya de la co	Air phet
	Date of Approyal:			Date of Re-inspection:	Zoning District () Lakes Classification ()	☐ Yes	A A Communication of the Commu	Affidavit Required Affidavit Attached		Sanitary Date:	HT), Privy (P), a t begun.	back must be broposed site					mark)		wed by the Plar		:	r (*) Privy (P)
	iroyal:			Jection:	ion			□ Yes			and <u>Well (</u> W).	previously surveyed corner to the measured must be visible from of the structure, or must be	- 4	É	Yes	ì	23/5	Measurement	ved by the Planning & Zoning Dept.			P
						A No		8/8				from e		Feet	No	500+	Feet Feet	T.	Dept		uvitima.	

yfield County, WI 1. Wood Shod) - 2. Chickon Coop



To a

SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ורעדון

JUL 07 2016

Refund:

_				
	Amount Paid:	Date:	Permit #:	
	475	7-13-1	16-02	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPRICANT.

Address of Property: TYPE OF PERMIT REQUESTED-77545 Contractor: Authorized Agent: (Person Signing Application on behalf of Owner(s)) 00 Stapper (Vigner ☐ LAND USE SANITARY □ PRIVY
Mailing Address: フラ Contractor Phone: Agent Phone: City/State/Zip; Church Corner SASAZ □ CONDITIONAL USE □ SPECIAL USE Plumber: Agent Mailing sushbom Address (include City/State/Zip): 1386 1888 □ B.O.A. □ OTHER

Telephone: 7/5

7/89/ 373 ~7/8

Cell Phone: 7/5 Document: (i.e. Property Ow Cell Phone: 7/5 Plumber Phone: Written Authorization Attached

PROJECT LOCATION

Legal Description:

(Use Tax State

ement)

PIN: (23 digits)
04-050-2-49-05

-28-1-04-000-2000

Volume Recorded Docu

Lot(s)

952

Vol & Page 6 D 187

Lot(s) No. ダダ

Block(s) No.

_1/4,

1/4

Non-Shoreland	□ Shoreland →		Section ス
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes.—continue —▶	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue —	Section 38, Township 49, N, Range 5, W Town of:
	Distance Structure is from Shoreline :	Distance Structure is from Shoreline :	Lot Size
	□ Yes XNo	Is Property in Floodplain Zone?	. 15
	⊃Yes	Are Wetlands Present?	icreage 14,27

				- - - - - - - - - - - - - - - - - - -	3		Value at Time of Completion * include donated time & material
A STATE OF THE PARTY OF THE PAR	Property	🗆 Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration ☐ 1-Story + Loft	✓ New Construction	Project
	☐ Foundation	□ No Basement	Basement	□ 2-Story		X 1-Story	# of Stories and/or basement
					Year Round	, ~asonal	Use
		X None		3	□ 2		# of bedrooms
X None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: (105)	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
				J	X Well	□ City	Water

Proposed Use Y Propo	Proposed Construction: Length	Existing Structure: (If permit being applied for is relevant to it) Length:
sed Structure	th: Q4'	th.
	Width:	Width:
Din	16	
nensions	Height:	Height:
Square Footage	les .	ì

Proposed Use	۲	Proposed Structure	Dimensions	Square
		Principal Structure (first structure on property)	×	
		Residence (i.e. cabin, hunting shack, etc.)	×	
		with Loft	×	The second secon
X Residential Use		with a Porch	×	
		with (2 nd) Porch	×	
		with a Deck	(×	***************************************
-		with (2 nd) Deck	(x)	
Commercial Use		with Attached Garage	(×)	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(×)	
		Mobile Home (manufactured date)	(×)	
		Addition/Alteration (specify)	(×)	
☐ Municipal Use	×	Accessory Building (specify) Chicken Occa	(3/×1/6)	384
		Accessory Building Addition/Alteration (specify)	(×)	
Rec'd for Issuared	8			
		Special Use: (explain)	(×	
		Conditional Use: (explain)	(x)	100
Correlatial Staff	# 	Other: (explain)	(x)	

FAILURE TO OBTAIN A PERMIT <u>or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES</u>

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of mispection.

Authorized Agent: (If you are signing on behalf of the own

Owner(s):

(If there are Multiple O

ers listed on the Deed All Owners must sig

Address to send permit C(s) a letter of authorization must accompany this application) Jashburg

Date

letter(s) of authorization must accompany this application)

SHET Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Please complete (1) -- (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

		Feet	-	Setback to Privy (Portable, Composting)
		Feet	S S S	Setback to Drain Field
/47 Feet	Setback to Well	Feet	265	Setback to Septic Tank or Holding Tank
Feet	Elevation of Floodplain	Feet	676 F	Setback from the East Lot Line
☐ Yes ☐ No	20% Slope Area on property	Feet	662 F	Setback from the West Lot Line
Feet	Setback from Wetland	Feet	1/8 !	Setback from the South Lot Line
		eet	38 X Feet	Setback from the North Lot Line
265 Feet	Setback from the Bank or Bluff			
Feet	Setback from the River, Stream, Creek	Feet	,	Setback from the Established Right-of-Way
Feet	Setback from the Lake (ordinary high-water mark)	eet	676 Feet	Setback from the Centerline of Platted Road

Weasurement	Description		Measurement	Description

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits.

Hold For TBA:	Signature of Inspector:	Stapine Purposers.	Condition(s):Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.	Date of Inspection:) Inspected by:	Inspection Record:	Was Proposed Building Site Delineated	Granted by Variance (B.O.A.) Yes No Case #:	Is Parcel a Sub-Standard Lot	Permit # 16-0201 Permit Date	Permit Denied (Date):	Issuance Information (County Use Only)
Hold For Affidavit:			THE USED FOX	dy: Choprison. Which		Were Property Lin	Previous (Granted by Variance (B.O.A.	No Mitigation Required □No Mitigation Attached	ate: 7-13-16	Reason for Denial:	Number
Hold For Fees:			sched.)		Zon	Were Property Lines Represented by Owner	/ Variance (B.O.A.) Case #:	□Yes UNO Affid			# of Dedicollis.
40.74	Date of Approval:		THE RESERVE TO SERVE	Date of Re-Inspection:	Zoning District (A Lakes Classification ()	Yes No		Affidavit Required			Italy Date:

Lid County, WI 1. whood Shed? 2. Chicken Coop

